or fiscal year beginning \_\_/\_\_ 2012 and ending \_\_/\_\_/\_\_

STEP 1: Fil	l in a	all spaces. You MUST fill in yo	ur Social Security Number (S	SN).								
Your last name Your first name/middle initial												
Golightly James												
Spouse's last name Spouse's first name/middle initial				dle initial								
Current maili PO Bo	-	ddress (number and street, apartme	ent, lot, or suite number) or PO Bo	ЭX								
City State, Z Iowa To	IP OWI	n, IA 54321										
Spouse SSN	•		Your SSN • 777-77-777	7		E-Mail Addr	ess					
STEP 2 Filing Status: Mark one box only.						• 🗆	Check this box if you o	r your spo	use were 6	5 or older as	of 12/31/12.	
Single: Were you claimed as a dependent on another person's lowa return? YES  Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)  Married filing separately on this combined return. Spouse use column B.				YES N	NO.	Residence	on 12/31/12: County I	No. ● ′	72 s	chool District	No. • 28	346
				3 or 4.)		Depen	dent children for w	hom an	n exemption is claimed in Step 3			
						How m How	any nave nealth care c many do not have hea	(including Medicaid or <i>hawk-i</i> )				
4 Married filing separate returns. Spouse's name:						SSN:				Net Incom	e:\$	
5 X Head o	of ho	usehold with qualifying person. If	qualifying person is not claimed	as a depende	ent or	this return	n, enter the person's	name ar	nd SSN be	low.		
6 Qualify	ing v	widow(er) with dependent child.	Name:	S	SN:							
STEP 3 Exe						•	use (Filing Status 3	•			. You or Join	
a. Persona	ıl Cı	redit: Col. A: Enter 1 (enter 2 if fill	ing status 2 or 5); Col. B: Enter 1	if filing status	3		X \$ 40 = \$		_	2	X \$ 40 = \$	
		ach person who is <b>65 or older</b> a								2	_ X \$ 20 = \$	
		<b>s:</b> Enter 1 for each dependent . ames of dependents here: $\underline{\mathbf{Mo}}$									X \$ 40 = 5	160
d. Litter in	31 11	ames of dependents here.	sino una rivory	B. Spouse	/Stati		e. TOTAL \$ <b>A.</b> You or Joint	B. Sp	ouse/Statu	ıs 3 <b>A</b> . `	You or Joint	100
STEP 4	1.	Wages, salaries, tips, etc					68,121	.00				
Gross	2.	Taxable interest income. If more	than \$1,500, complete Sch. B	2		.00	218	.00				
Income	3.	Ordinary dividend income. If more	than \$1,500, complete Sch. B	3		.00	42	.00				
	4.	Alimony received		4		.00		.00				ı
		Business income/(loss) from fed						-	N	OTE: U	se only	
		Capital gain/(loss) from federal S						bl	ue or bla	ck ink,		
		Other gains/(losses) from federa							no r	encils or	red ink.	
		Taxable IRA distributions										
		Taxable pensions and annuities										
		Rents, royalties, partnerships, es										
		Farm income/(loss) from federal Unemployment compensation. S						-				
		Taxable Social Security benefits										
		Other income, gambling income, bonus										
		GROSS INCOME. ADD lines 1-1							00 🔺	68,3	381.00	
STEP 5	16.	Payments to an IRA, Keogh, or S	SEP	16		.00		.00				
Adjust-	17.	Deductible part of self-employme	ent tax	17		.00		.00				
ments	18.	Health insurance deduction		18		.00		.00				
to Income	19.	Penalty on early withdrawal of sa	avings	19		.00		.00				
	20.	Alimony paid		20		.00		.00				
	21.	Pension/retirement income exclu	usion	21		.00	<b>A</b>	.00				
	22.	Moving expense deduction from	federal form 3903	22		.00		.00				
	23.	lowa capital gain deduction; certa	ain sales ONLY (see instructions)	23		.00	<b>A</b>	.00				
STEP 6 Federal Tax Addition and Deduc- tion	24.	Other adjustments		24		.00		.00				
	25.	Total adjustments. ADD lines 16	-24				25			00 📥		.00
	26.	NET INCOME. SUBTRACT line	25 from line 15				26			00 🔺	68,3	81 .00
	27.	Federal income tax refund / over	payment received in 2012	27		.00	1,801	.00				
		Self-employment/household emp										
		Addition for federal taxes. ADD I								.00	1,80	00. 1
		Total. ADD lines 26 and 29									70,18	.00
	31.	Federal tax withheld		31		.00	4,523	.00				
		Federal estimated tax payments										
		Additional federal tax paid in 201										
		Deduction for federal taxes. ADE								.00	4,52	3 .00
		BALANCE. SUBTRACT line 34									65,65	
		- , , , ,		,	-							



2012	. 1/	A 1040, page 2	В.	Spouse/Status 3	A. Yo	u or Joint <b>I</b>	3. Spot	use/Status 3		<b>A.</b> You c	or Joint	
STEP 7	36.	BALANCE. From side 1, line 35		•							65,659	.00
STEP 8 Tax, Credits and Checkoff Contributions		37. Total itemized deductions from federal Schedule A										
		Taxpayers with bonus depreciation/section 179 must use Iowa Scheo	dule A.					Compl	ete	lines	37-40	
		38. Iowa income tax if included in line 5 of federal Schedule A	38	·	.00		.00	ONLY				
		39. BALANCE. Subtract line 38 from line 37 or enter the			.00		.00	5	,			
		amount of itemized deductions from the lowa Schedule A.										
		40. Other deductions										
		Deduction. Check one box. ▲ ☐ Itemized. Add lines 39 and 4							.00	▲	,	
		TAXABLE INCOME. SUBTRACT line 41 from line 36							.00		61,069	.00
	43.	Tax from tables or alternate tax	43	•	.00 🛦	3,779	.00					
	44.	lowa lump-sum tax. 25% of federal tax from form 4972	44	·	.00 🛦		.00					
	45.	Iowa minimum tax. Attach IA 6251.	45		.00 🛦		.00					
		Total tax. ADD lines 43, 44, and 45				46.			.00		3,779	.00
	47.	Total exemption credit amount(s) from Step 3, side 1	47		.00	160	.00					
	48.	Tuition and textbook credit for dependents K-12	48		.00 🛦		.00					
		Total credits. ADD lines 47 and 48							.00		160	.00
		BALANCE. SUBTRACT line 49 from line 46. If less than zero,									3,619	.00
		Credit for nonresident or part-year resident. Attach IA 126 and										
		BALANCE. SUBTRACT line 51 from 50. If less than or equal to									3,619	
		Other nonrefundable lowa credits. Attach IA 148 Tax Credits S										
		BALANCE. SUBTRACT line 53 from line 52.										
		School district surtax/EMS surtax. Take percentage from table										
											2 (10	
		Total Tax. ADD lines 54 and 55.									2 6 1 0	
		Total tax before contributions. ADD columns A & B on line 56 a							57.			.00
	58.	Contributions. Contributions will reduce your refund or add to the Fish/Wildlife 58a: ▲ StateFair 58b: ▲ Firefighters/Vete						Enter total	EO			00
											2 (10	
0750	_	TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58							59.		3,017	.00
STEP 9 Credits		lowa income tax withheld										
		Estimated and voucher payments made for tax year 2012										
		Out-of-state tax credit. Attach IA 130.					.00					
	63.	Motor fuel tax credit. Attach IA 4136	63	·	.00 🛦 _		.00					
	64.	Check One: Child and dependent care credit <b>OR</b>										
		Early childhood development credit										
STEP 10	65.	lowa earned income tax credit. See Instructions	65	•	.00 🛦		.00					
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.	66	•	.00 🛦		.00					
		TOTAL. ADD lines 60 - 66.			_							
		TOTAL CREDITS. ADD columns A and B on line 67 and enter									4,519	
	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68.	This is	the amount you over	erpaid				69.	▲		
Refund or	70.	Amount of line 69 to be <b>REFUNDED</b>						REFUND	70.	▲	900	.00
Amount		For a faster refund file electronically. Go to www.iowa.gov lowa Income Tax - Refund Processing, Hoover State Office										
You Owe	7.						00					
		Amount of line 69 to be applied to your 2013 estimated tax .										
		If line 68 is less than line 59, SUBTRACT line 68 from line 59.										
		Penalty for underpayment of estimated tax from IA 2210 or IA										
	74.	Penalty and interest		.00 ▲ 74b. Interes	st	.00	▲ AE	D Enter total	74.			.00
	75.	75. TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter here.							75.	▲		.00
		You can pay online at www.iowa.gov/tax or pay by mail to PO Box 9187, Des Moines IA 50306-9187. Make check paya				ocessing,						
CTED 11	-	· · ·										_
STEP 11		LITICAL CHECKOFF. This checkoff does not increase the ount of tax you owe or decrease your refund.	_	\$1.50 to Republic		•		50 to Republi				
		▲ SPOUS	SE:	\$1.50 to Democra	-	y ▲YOURSELF						
				\$1.50 to Campaig				50 to Campa			<u> </u>	
STEP 12		I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer										
PLEASE		(other than taxpayer) is based on all information of	_				mpiete return. Declaration of prep				, proparer	
		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	7	. , .	- <b>3</b> -						
SIGN HE	ΚĒ	Your Signature Date	Check i	<b></b> f Deceased Date of	Death	Preparer's Signa	ature				Date	
SIGN HE	RE			<u> </u>								
		Spouse's Signature Date	Check i	f Deceased Date of	Death	Preparer's PTIN		Firm's	FEI	٧		
			Davtime	Telephone Number				Davtir	ne Ta	elephone	Number	—
1.1000200	11000		,	- P								